

Tattoo Artist Application Form

Iowa Department of Public Health Division of ADPER & EH/Tattoo Program 321 E. 12th Street, Des Moines, IA 50319-0075 (515) 242-6337

Type of app	olication (check one):	Initial Renewal		
Please print l	legibly.			
Name:	(EL .)	(Middle)	4 0	
		(Middle)		
-	(City)	(State)		
Social Security Number:		Date of Birth:		
Telephone: Email:		Cell Phone:		
Section 66	66(a)(13) and Iowa Code S	our Social Security number on ection 252J.8(1). The number on all means to accurately identif	will be used in connection	
Place of Em	nplovment:			
. 1400 01 211	ipioyiiioita.			
Establishme	ent Owner(s) signature (i	f employed):		

An annual, nonrefundable application fee of \$75, shall be payable by check or money order to the lowa Department of Public Health. Remit fee with the application. **Cash is not acceptable**.

Mail completed application and fee to address shown at the top of this application. Permits expire each year on December 31st. The department will act within 60 days upon receiving a completed application. Please call (515) 242-6337 if you have any questions.

Be sure to enclose proof of:

- H.S. Diploma or G.E.D. (Initial applicants only)(on-line diplomas are not acceptable)
- Bloodborne Pathogen Training
- First Aid Training
- Proof of age (Copy of driver's license or birth certificate is acceptable)
- \$75 application fee

Required Tattoo Permit Questions:

For each "Yes" answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested. Do you have a medical condition which in any way impairs or limits your ability to Yes □ No □ perform tattooing? "Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these functions. Have you within the past 2 years engaged in the illegal or improper use of drugs or Yes □ No □ other chemical substances? If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement regarding whether your condition will affect your ability to perform tattooing. Have you been convicted of, found guilty of, or entered a plea of no Yes □ No □ contest to a felony or misdemeanor crime within the past 5 years? (Other than minor traffic violations with fines under \$100.00). You must answer "yes" even if the matter was expunged from the record. If yes, include the date, location, charge, court disposition and current status (i.e. charge. If the charge was a crime against a person, (i.e. *probation*) *for each* assault, domestic abuse) include copies of the charging orders and court disposition records. Yes □ No □ Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit or certification issued to you? If yes, include date, location, reason, current status, etc. Have you ever been sued in connection with your tattoo functions in Yes □ No □ this or any other state? If yes, include date, location, reason, current status etc. I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of permit and criminal prosecution. I agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641—Chapter 22. Applicant Signature: Date:

REVISED: 8/2014